

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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Registration for 2005

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Hayashi	Denise		848-4170
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			842-4703
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Bishop Museum			848-4170
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			842-4703
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817	

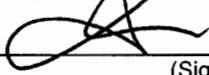
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Maritime Center			523-6151
MAILING ADDRESS (Street)			FAX
Pier 7 Honolulu Harbor			536-1519
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Denise Hayashi			848-4170
MAILING ADDRESS (Street)			FAX
1525 Bernice Street			842-4703
(City)	(State)	(Zip Code)	
Honolulu	HI	96817	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	<input checked="" type="checkbox"/> Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
<input checked="" type="checkbox"/> Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

7/21/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
William V. Brown	President

NAME OF ORGANIZATION (if applicable)

Bishop Museum

TELEPHONE

848-4174

MAILING ADDRESS (Street)

1525 Bernice Street

FAX

841-4575

(City)

Honolulu

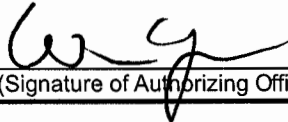
(State)

HI

(Zip Code)

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

7-26-05

(Date)